

Mental Health Referral for Anxiety Assessment

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], for a comprehensive assessment of anxiety-related issues. [He/She/They] has been experiencing symptoms consistent with anxiety, including [briefly describe symptoms, e.g., excessive worry, restlessness, difficulty concentrating].

[Patient's Name] has been under my care since [date] and has shown [describe any relevant medical history or previous interventions]. Despite our efforts to manage these symptoms through [mention any treatments, therapies, or medications], [he/she/they] continues to struggle significantly.

I believe that a specialized assessment and potential treatment from your expertise in mental health would be beneficial for [Patient's Name]. Please find enclosed [any relevant documents, such as medical history or assessment results].

If you require any further information or would like to discuss this referral in more detail, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I appreciate your assistance in ensuring that [Patient's Name] receives the support [he/she/they] needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[Your Phone Number]

[Your Email Address]